The Role of Spousal Support in Reducing Anxiety in Pregnant Women with Preeclampsia: A Scoping Review

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Abstract

Preeclampsia is a pregnancy complication that increases the psychological vulnerability of pregnant women, particularly anxiety, which has the potential to worsen pregnancy outcomes. One of the protective factors againts anxiety in pregnant women in high-risk pregnancies is spousal support, notably psychological support. This study aims to synthesize scientific evidence regarding the role of spousal support in reducing anxiety in pregnant women with preeclampsia. The study employed a scoping review method based on the Arksey and O'Malley framework and the Joanna Briggs Institute (JBI) guidelines, with reporting following PRISMA-ScR. A literature search was conducted on PubMed, ScienceDirect, and Google Scholar for publications from 2016 to 2025, yielding eight articles that met the inclusion criteria. This scoping review has synthesized articles from various study that are not limited to quantitative research only, but also qualitative, mixed-meyhod approaches, including systematic review and meta-analysis. The results of the review indicate that psychological, instrumental, and informational support from the husband, as well as his involvement in prenatal care, documented as having a beneficial impact in alleviating anxiety in pregnant women with preeclampsia. In conclusion, the active involvement of the husband through a family-centered care approach is an important strategy in managing pregnancies with preeclampsia to improve the mother's psychological well-being and support better pregnancy outcomes. The spouses practically might helps pregnant women through emotional support, engaging in household chores, and enhancing knowledge about safe pregnancy care.

Keywords: Anxiety, Husband's Support, Preeclampsia, Pregnant, Spousal

INTRODUCTION

Pregnancy is a phase of a woman's existence characterized by interrelated physiological, psychological, and social changes. These are may increase pregnant women's vulnerability to psychological disorders, including anxiety. Anxiety, particularly during the last trimesters of pregnancy, has been identified as the strongest factors associated with preterm birth (American Psychological Association, 2022). Anxiety may arise from uncertainty regarding maternal and fetal health and can lead to adverse outcomes for both the mother and the pregnancy if left unmanaged (National University Health System, 2025). Although anxiety may be influenced by numerous factors, but family support has been identified as a crucial protective factor that can reduce anxiety during pregnancy (Yavuz et al., 2026).

The World Health Organization (WHO) reported in 2025 that approximately 10% of women worldwide experience anxiety during pregnancy, with the majority of cases occuring in developing countries (World Health Organization, 2025a). Anxiety may progress into more

severe psychological conditions, particularly among women with high-risk pregnancies such as preecplampsia. High levels of anxiety have been reported among women with severe preeclampsia. Persistent anxiety accompanied by stress has been associated with elevated cortisol levels, which may increase the risk of developing preeclampsia (Giménez et al., 2025; Hezron et al., 2025). Preeclampsia, a hypertensive disorder of pregnancy, affects approximately 3 to 8% of pregnancies globally and contributes to an estimated 42.000 maternal deaths each year (World Health Organization, 2025b). Research conducted by Elawad et al., (2024) found that preeclampsia occured in 16,5% of pregnancies and may persist into the postpartum period.

Preeclampsia among pregnants women not only causes physical complications but also contributes to psychological distress. It is a serious pregnancy complication that typically develops after 20 weeks of gestation and is characterized by hypertension and proteinuria . Preeclampsia can threaten the lives of both mother and baby, particularly when adequate information, emotional support, and healthcare needs are not met (Boakye et al., 2024). Furthermore, prenatal anxiety among primigravida women has been associated with an increased risk of low birth weight, as reported in a study conducted in Baghdad (Benyian, 2025). Uncontrolled blood pressure among women with preeclampsia can lead to stroke, preterm birth, and even maternal and neonatal mortality (CDC, 2022).

Women experiencing both preeclampsia and anxiety oftenface greater challenges throughout pregnancy. A study conducted in New Sout Wales involving 107 women diagnosed with anxiety disorder found pregnant women without partners were three times more likely to experience anxiety than those with partners. This finding suggests that the presece of a spouse is significantly associated with lower levels of anxiety during pregnancy (Bedaso et al., 2022). Similarly, a study among primiparous women, predominantly in early pregnancy, revealed that pregnancy-related anxiety was negatively correlated with family functioning, which was closely associated with family support. These findings emphasize the importance of family support in preventing anxiety during pregnancy (Jin et al., 2025).

Conversely, having a spouse diagnosed with preeclampsia can be challenging and overwhelming for husbands, who require adequate information and support to effectively assist their wives throughout pregnancy. Such support remains essential until childbirth is completed and the baby is safely delivered (Thorgeirsdottir et al., 2023). A study conducted in Indonesia demonstrated that women who received strong emotional support from their spouses were generally less likely to experience anxiety during the third trimester of pregnancy. This support reflects a husband’s responsibility toward his wife and contributes significantly to maternal

psychological well-being (Angelia et al., 2024). Supportive behaviors provided by husbands may also encourage pregnant women with preeclampsia to adopt healthier lifestyles and reduce anxiety, thereby contributing to better blood pressure control and pregnancy outcomes (Yuliadia & Kartini, 2023).

Although various studies conducted in developed countries have demonstrated that spousal support plays a crucial role in reducing anxiety among pregnant women, this evidence has largely emerged from healthcare systems that have integrated psychosocial aspects into antenatal care (ANC) services. In developing countries, including Indonesia, ANC service policies have not yet explicitly incorporated spousal support and maternal mental health as integral components of strategies aimed at preventing pregnancy complications, particularly preeclampsia. Furthermore, no comprehensive synthesis of scientific evidence has specifically examinied the role of spousal support in reducing anxiety among pregnant women with preeclampsia and its implications for strengthening family-centered ANC service policies.

This gap highlights the need for a scoping review to map the existing scientific evidence regarding the role of spousal support in reducing anxiety among pregnant women with preeclampsia. Such a review may also provide a scientific foundation for strengthening more comprehensive ANC policies and practices focused on the prevention of pregnancy complications. Therefore, based on the existing body of literature, this scoping review aims to synthesize the evidence on the role of spousal support in reducing anxiety among pregnant women with preeclampsia.

METHOD

This study employed a scoping review approach to systematically map the available scientific evidence regarding the role of spousal support in reducing anxiety among pregnant women with preeclampsia. The scoping review was conducted following the methodological framework developed by Arksey and O'Malley and refined by the Joanna Briggs Institute (Peters et al., 2024; Westphaln et al., 2021). The reporting of the study results was prepared in accordance with the PRISMA-ScR guidelines to ensure transparency and completeness of reporting. This scoping review process involved several key stages: 1) Identifying the research question**,** 2) Identifying relevant studies**,** 3) Selecting studies, 4) Mapping and extracting data**,** 5) Synthesizing, summarizing, and reporting results (Levac et al., 2010; Munn et al., 2018). The results of this scoping review are expected to provide a comprehensive overview of the available evidence, identify research gaps, and serve as a foundation for the development of family-based interventions and further research related to preeclampsia mental health.

The formulation of research questions and the literature search strategy in this *scoping review* were developed using the PCC (*Population, Concept, Context*) *framework* as recommended by the Joanna Briggs Institute (JBI). The use of PCC is considered more appropriate for a scoping review than PICO because it focuses on mapping concepts and research context. PCC framework used in scoping review due to the aim of the study is to explore widely of evidence bases about the topic, while PICO is mostly use to analyze quantitative study with clinical intervention. By using this framework, the process of identifying and selecting studies can be conducted more systematically and purposefully, thereby minimizing the risk of deviating from the focus and selection bias. The target population are limited to pregnant women with preeclampsia and pregnant women who experienced anxiety.

Table 1. PCC Framework

Population	Concept	Context
Pregnant women with preeclampsia, anxiety	Spousal support in reducing anxiety (emotional, instrumental, informational, and appreciative support)	Maternal health services (antenatal care, hospitals, and community)

Based on the PCC framework, the scoping review question in this study is: What is the role and nature of a husband's support in reducing anxiety among pregnant women with preeclampsia in various healthcare settings?

The establishment of these criteria aimed to improve the accuracy of literature selection process and ensure the quality and relevance of the scientific evidence analyzed. The first author conducted the literature search using the predefined keywords and discussed the results with the second author to determine article eligibility based on the abstracts. Following this discussion session, the third author assessed the methodological quality of the included studies using Critical Appraisal tools.

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
a. Empirical studies using quantitative, qualitative, or mixed-methods approaches, including systematic reviews and meta-analyses b. Articles in Indonesian or English c. Articles published between 2016 and 2025 d. Full text available	a. Editorials, opinion pieces, commentaries, letters to the editor, study protocols or perspective articles without empirical data

To identify relevant articles, a literature search was conducted using Boolean operators ("OR" and "AND") to combine keywords aligned with the study's focus. The search strategy was tailored to each scientific database. Keywords used in the article search included: ("pregnant women" OR "pregnancy" OR "antenatal women") AND ("preeclampsia" OR

"hypertensive disorders of pregnancy") AND ("husband support" OR "spousal support" OR " " OR "partner support") AND ("anxiety" OR "psychological distress" OR "maternal anxiety"). The use of this keyword combination is expected to narrow the search results so that only articles truly relevant to the purpose of this scoping review are identified and analyzed further.

A literature search was conducted using the scientific databases PubMed, ScienceDirect, and Google Scholar to identify credible and comprehensive articles and reduce the risk of publication bias. A total of 688 articles were identified and then screened using the PRISMA-ScR guidelines. Thirty-three duplicate articles were removed, leaving 655 articles for title and abstract screening. From this process, 534 articles were eliminated as irrelevant. Subsequently, 121 articles underwent full-text assessment, and 113 articles were excluded because their topic, population, or publication type did not meet the inclusion criteria. Ultimately, 8 articles met all criteria and were included in the scoping review. All selection stages were documented in the PRISMA Flowchart.

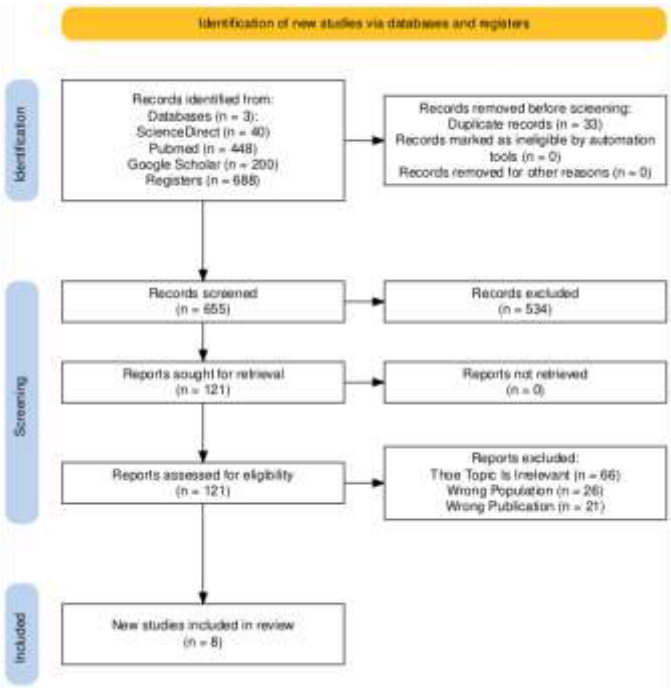

Figure 1. PRISMA Flowchart

RESULTS

Based on the eight included articles, most studies were conducted in developing countries, particularly Indonesia. Study designs varied, including quantitative, qualitative, and review studies. The mapping results indicated that spousal support consistently emerged as a consistent factor associated with anxiety levels in pregnant women with preeclampsia. This support was reflected through various forms, including emotional support, informational support, and involvement in prenatal care.

The findings were systematically mapped and presented in a *data-charting* table. This data *charting* process followed the format recommended by the Joanna Briggs Institute (JBI) to ensure consistency, transparency, and comparability across the included studies. Key information extracted from each study included the authors and publication year, article title, country of origin, study design and methods, participant characteristics, and key findings related to forms of spousal support and anxiety levels among pregnant women with preeclampsia. This approach enabled the evidence to be organized systematically and facilitated the identification of similarities and differences across studies.

Through this data-mapping process, the *scoping review* not only provides a comprehensive overview of the available scientific evidence but also identifies trends in research findings, variations in methodological approaches, and differences research contexts. Additionally, the *data charting* process highlights areas where evidence remains limited or inconsistent, thereby revealing research gaps that warrant further investigations. Thus, the results of this mapping provide a strong foundation for drawing conclusions regarding the role and importance of spousal support in reducing anxiety among pregnant women with preeclampsia. These findings also support the development of family-centered intervention recommendations for maternal health care practice.

Table 3. Data Charting

No	Author, Year	Title	Country	Research Method	Main Findings	Article Code
1	Kohan et al., (2026)	*Exploring the Long-Term Emotional Trauma Experiences of Mothers With a History of Preeclampsia: A Qualitative Study*	Iran	Qualitative study	The husband support mostly needed as emotional support to overcome the risk of developing psychiatric problem and expected as comfort provider.	A1
2	Yavuz et al., (2026)	*The relationship between spousal support during pregnancy , anxiety and quality of life : a cross-sectional study using structural equation modeling analysis*	Turkiye	A cross-sectional study	Higher perceived spousal support is closely linked with anxiety during pregnancy. The support such as in pregnancy routine check up described the emotional and practical support.	A2
3	Wen et al., 2025	*Psychological* Experiences *and Needs of Perinatal Women Experiencing Intimate Partner Violence*	China	Qualitative Meta-Synthesis	Intimate partner violence increases psychological trauma. Mother's primary needs are emotional, social, and informational support.	A3

No	Author, Year	Title	Country	Research Method	Main Findings	Article Code
4	Angelia et al., (2024)	*The relationship between husband's emotional support and anxiety of third trimester pregnant women at Lulu's independent midwifery practice Surabaya*	Indonesia	A cross-sectional study	Third semester of pregnant women with good support from husband not anxious, while poor support found experienced mild-moderate anxiety.	A4
5	Yuliadia & Kartini, (2023)	*Experience of mothers with a history of preeclampsia in pregnancy*	Indonesia	Qualitative	Husband's help mother to reduce unhealthy food, support mother mental health, and reduce anxiety and morbidity during childbirth by paying attention to the wife's health.	A5
6	Fitriani & Anita, (2025)	*Impact of husband support on* maternal *psychological well-being during pregnancy: a systematic review*	Indonesia	Systematic review	Husband support has negative association with maternal levels of anxiety including emotional, informative, and practical support from husbands.	A6
7	Thorgeirsdottir et al., (2023)	*The experience of being a partner to a childbearing woman whose* pregnancy *is complicated by pre-eclampsia: A Swedish qualitative study*	Swedish	Qualitative	Husband recognized about the situation in pregnancy and know when the right time to seek help from professional and concern about the possibility of future plan of pregnancy.	A7
8	Asiedu et al., (2026)	*Knowledge, role and* perceptions *of male partners on pre-eclampsia in sub-Saharan Africa: a systematic review of evidence from qualitative and quantitative studies*	Africa	Systematic review	The husbands have knowledge about preeclampsia demonstrated high awareness. Husband's role as financial provision, decision, emotional, household support and information sharing. The presence until delivery process induced maternal confidence and lower anxiety.	A8

After the article selection process was completed, a critical appraisal was conducted to assess the methodological quality of each included article using the Joanna Briggs Institute (JBI) Critical Appraisal Tools and the Mixed Methods Appraisal Tool (MMAT) according to the research design of each study; although appraisal is not mandatory in a scoping review, quality assessment was performed to strengthen the interpretation of findings. In this scoping review, 8 articles that met the inclusion criteria (A1–A8) were systematically evaluated and classified into Grade A, Grade B, and Grade C to distinguish the level of quality and strength of evidence.

The results of the critical appraisal are classified into three categories: Grade A (Good), Grade B (Good Enough), and Grade C (Less Good). Grade A is assigned to articles that demonstrate clear research objectives, an appropriate design, transparent data collection and analysis methods, and consistent reporting of results. Grade B is assigned to articles that are generally relevant to the research objectives but have methodological limitations, such as a small sample size, a cross-sectional design, or insufficiently detailed reporting of methods. Grade C is assigned to articles with more significant methodological limitations, including non-experimental designs without adequate controls for bias or minimal reporting of methods, yet they still provide relevant contextual information for the purpose of evidence mapping.

Table 4. Critical Appraisal

Code Article	Type	Grade
A1	Qualitative study	B
A2	A cross-sectional study	A
A3	Qualitative Meta-Synthesis	A
A4	A cross-sectional study	A
A5	Qualitative study	A
A6	Systematic review	B
A7	Qualitative study	A
A8	Systematic review	A

Based on the results of the scoping review, several main themes and subthemes related to the role of a supportive husband were identified and are summarized in the following table.

Table 5. Analysis and Mapping of Research Article Themes

No	Theme	Subtheme	Article Code
1	Husband's Psychological Support as a Protective Factor for Mental Health	Husband's emotional support and empathy	A1, A2, A3, A4,A5, A6, A7, A8
		Providing a sense of security and psychological comfort, lowering anxiety	A1,A2, A4, A5, A6, A7,A8

No	Theme	Subtheme	Article Code
2	Husband's Psychological Support in Strengthening the Mother's Coping Mechanisms	Strengthening the psychological coping mechanisms of pregnant women	A1, A6
3	The Husband's Role in Providing Informational Support and Decision-Making	Informational support and involvement in decision-making	A5, A6,A8
4	Psychological and Physiological Interactions in Pregnancy with Preeclampsia	Husband's support as a predictor of stress, anxiety, and pregnancy outcomes	A3, A4, A5, A6, A7
5	The Impact of Lack of Spousal Support on Maternal Mental Health	Increased anxiety due to lack of spousal support	A1, A3, A4

DISCUSSION

Based on the results of the scoping review, several key subthemes were identified to explain the role of spousal support in reducing anxiety among pregnant women with preeclampsia. These subthemes reflect the various forms of support provided by husbands, the inadequate spousal support, the psychological mechanisms through which support influences maternal well-being, and the consequences that may arise when such support is suboptimal. This discussion integrates the findings the included studies to highlight the implications of spousal support in managing anxiety among pregnant women with preeclampsia (A1–A8).

Husband's Psychological Support as a Protective Factor for Mental Health

Various studies indicate that spousal psychological support, particularly in the form of emotional support and empathy, plays a significant role in protecting the mental health of pregnant women with preeclampsia (A1, A2, A3, A4,A5, A6, A7, A8). Such support helps women cope with anxiety during pregnancy and emotional vulnerability arising from uncertainty about their condition and concerns regarding the risks associated with preeclampsia. A husband's empathetic attitude,including a willingness to listen, an understanding the mother's emotional changes, and the expression of care and affection, has been shown to reduce emotional distress (A1, A2, A7, A8). These findings are consistent with *the stress-buffering hypothesis,* which emphasizes the role of social support in mitigating the negative effects of psychological stress on health and promoting well-being (Cohen & Wills, 1985).

These findings are also consistent with the research conducted in Indonesia, which reported that husband support, encompassing positive attitudes, supportive actions, motivation, and affection, enhances pregnant women's readiness for childbirth (Rasidah & Rohmah, 2024). Anxiety among pregnant women is not limited to cases complicated by preeclampsia; even women with uncomplicated pregnancies require adequate spousal support. Previous studies

have demonstrated a significant relationship between husband support and maternal anxiety levels. Pregnant women who receive adequate emotional, physical, and psychological support from their husbands tend to experience lower levels of anxiety, as measured by the Beck Anxiety Inventory (Nasution & Tinendung, 2025).

In addition to emotional support, the provision of a sense of security and psychological reassurance by the husband is a crucial element in managing anxiety (A1,A2, A4, A5, A6, A7,A8). As the individual closest to the mother, the husband plays a vital role in providing support throughout pregnancy and the childbirth process. Evidence suggests that emotional support from husbands contributes to greater feelings of safety, comfort, and confidennce in childbirth preparedness (Haryani & Sari, 2026). Furthermore, a husband's involvement in prenatal checkups and participation in healthcare decision-making fosters the perception that pregnancy-related risks are shared and managed collaboratively, thereby serving as *a psychological buffer* against anticipatory anxiety. These findings confirm that a husband's psychological support is an integral component of a holistic approach to maternal healthcare and should be considered as essential strategy for preventing maternal mental health problems (A6–A8).

Husband's Psychological Support in Strengthening Mothers' Coping Mechanisms

In addition to serving as a protective factor, a husband's psychological support also contributes to strengthening the coping mechanisms of pregnant women with preeclampsia (A1, A6). Providing education to family members, particularly husbands may help mothers develop more effective coping strategies, prepare for potential pregnancy-related complications, and improve their long-term quality of life.

These findings are consistent with the Stress and Coping Theory developed by Lazarus and Folkman, which suggests that individuals with strong social support tend to demonstrate better coping capacities when confronted with stressors (Biggs et al., 2017). High-risk pregnancies, such as those complicated with preeclampsia, combined with uncontrolled anxiety, can generate considerable psychological distress that significantly affects an individual's ability to cope with stress. Previous studies have shown that pregnant women employ various coping strategies that involved spousal participation, such as sharing their feelings with their husbands, seeking healthcare-related information and advice, and strengthening their relationship with God. These behaviors reflect the use of problem-focused coping strategies aimed at managing stressful situations more effectively (Silawati et al., 2025).

Consistent support from husbands, expressed through care, affection, attentiveness to their wive's physical and emotional conditions, verbal expressions of affection, and open

communication regarding maternal needs, has been found to facilitate the development of more effective copping mechanism (Al-Mutawtah et al., 2023).

The Husband's Role in Informational Support and Decision-Making

The husband's role in providing informational support and participating in health-related decision-making also has significant implications for the mental health of pregnant women. When the husbands are attentive to the needs of their pregnant wives, they are more likely to ensure adequate nutrition and actively accompany them during antenatal care visits (A5, A6, A8). Such support is often rooted in husband's knowledge and understanding of high-risk pregnancies, which contributes to reducing the risk of complications. Previous research has shown that husbands who are well informed about maternal health are more proactived in seeking relevant information, including appropriate dietary practices and strategies for preventing obstetric emergencies. This knowledge enables them to provide practical support and promote adherence to recommended maternal health practices (Alamsyah et al., 2025). Similarly, intervention studies have demonstrated that increasing husbands's knowledge is associated with greater attendance at antenatal visits, and stronger encouragement for pregnant women to follow low-sodium diets and obtain adequate rest (Puspitasari et al., 2020).

Furthermore, a husband's involvement in collaborative clinical decision-making enhances the mother's sense of control and strengthens her confidence in managing a high-risk pregnancy. In addition to supporting dietary adherence, knowledgeable and supportive husbands are more likely to engage in appropriate healthcare-seeking behaviors that promote maternal well-being. In addition, the husbands were also practically present during the antenatal care process (A2, A8). Care-seeing behavior indicates that spousal communication is good even the knowledge sometimes low. The active involvement is beneficial for maternity care process (Gibore et al., 2019). The ability to make decisions among spousal is influenced by adequate knowledge (Machenje et al., 2022).

Psychological and Physiological Interactions in Pregnancy with Preeclampsia

Study findings indicate a close association between psychological and physiological conditions in pregnancies with preeclampsia (A6). Unmanaged anxiety can trigger physiological stress responses that may exacerbate the mother's clinical condition. In this context, spousal support acts as a protective factor that mitigates the adverse impact of psychological stress by providing a sense of security, reassurance, and consistent emotional support (A1, A6, A7).

Reducing anxiety through the husband's psychological support contributes to the stability of the mother's psychophysiological condition, which is crucial in the management of high-

risk pregnancies. These findings are consistent with several previous studies. Researh has demonstrated a strong interaction between husband support and the physical and psychological well-being of pregnant women experiencing anxiety. Psychological support from husbands helps build maternal confidence throughout pregnancy and promotes emotional stability. Lower levels of anxiety may reduce the risk of adverse pregnancy outcomes, including impaired fetal growth and abnormal uterine contractions (Rasidah & Rohmah, 2024). When the prenatal care involved husband participation, both maternal and fetal health outcomes are more likely to improve and the risk of complications may be reduced. Husbands can provide practical support by encouraging appropriate physical activity, ensuring adequate rest, and assisting mothers in adhering to recommended healthcare practices. Such involvement contributes to better pregnancy management and supports the overall well-being of both mother and fetus (Litasari & Sunarni, 2025).

The Impact of Lack of Spousal Support on Maternal Mental Health

Conversely, lack of spousal support emerges as a significant risk factor for increased anxiety among pregnant women with preeclampsia (A1, A3, A4). The absence of emotional support and limited partner involvement can exacerbate the mother's perception of pregnancy-related stressors and heighten anticipatory anxiety. Women who do not receive adequate support are more likely to experience emotional isolation, difficulties in emotional regulation, and a diminished sense of psychological security (A3, A4).

These findings are consistent with research conducted in Indonesia, which reported that spousal support significantly influences anxiety levels among pregnant women, particularly during the third trimester. This association may be attributed to insufficient husband involvement in birth preparedness and maternal care. Anxiety tends to become more severe when husbands provide inadequate support or have limited participation in antenatal care activities, thereby reducing the protective effect of spousal involvement againts anxiety (Landa & Wijayanti, 2025).

Similarly, a cross-sectional study conducted in China involving 138 women with preeclampsia found that pregnancy-related stress was positively associated with anxiety and could persist until childbirth. The study also highlighted the importance of spousal support and family relationships, particularly interactions with mother-in-law, influencing maternal psychological well-being (Cong et al., 2025). Low levels of spousal support were associated with poorer self-management capacity, higher anxiety levels, and increased psychological stress among pregnant women.

CONCLUSION

This scoping review makes a new contribution by systematically mapping the scientific evidence regarding the role of spousal support in reducing anxiety in pregnant women with preeclampsia, a topic that was previously scattered and not comprehensively integrated, particularly in the context of developing countries such as Indonesia. The role of spousal support in anxiety among pregnant women with preeclampsia in this study was found mainly as an psychological support that practically reduced anxiety. As intrumental support, spousal support them by giving help in household chores and put attention into antenatal care control. Asan informational support, the spousal was actively act as an source of information to help mother get better treatment to enhance health during pregnancy and the readiness to birth preparedness.

The novelty of this study lies in positioning spousal support not merely as a supportive social factor but as a strategic component in preventing pregnancy complications through a family-centered care approach integrated with antenatal care (ANC) services. Additionally, this review identifies evidence gaps regarding the mechanisms of spousal support, involvement in decision-making, and the integration of mental health aspects into ANC policies.

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